

Individual Research Plan (IRP) form
effective from academic year 2024/2025

Version of IRP

- Submitted
- Amendment 1
- Amendment 2
- Amendment ...

1. Background information

Research topic

'.....'

PhD student's full name:	
Supervisor/Supervisors or Supervisor/Auxiliary Supervisor <input type="checkbox"/> YES (add opinion as attachment)	
Unit of implementation of the PhD student's research project:	
Industrial doctorate (tick as appropriate)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PhD dissertation discipline	
Date of commencement of education at the Doctoral School (day/month/year):	
Planned date of submission of PhD dissertation (day/month/year):	

2. Hypothesis and purpose of the research (maximum 100 words):

3. **Justification for the research, with a specific indication of the project's innovative elements (maximum 100 words):**

4. **Method of research task implementation (A brief description of materials [e.g., research groups and their sizes, timeframe, geographical scope, databases used] and the methodology planned for the project) (maximum 300 words):**

5. **Expected final outcomes from the IRP (maximum 200 words) - the expected outcomes should align with the research tasks planned in the schedule and enable the preparation of the PhD dissertation in accordance with the current recommendations of the relevant Discipline Board:**

6. A research schedule with a breakdown of tasks related to the research project, including: research activities related to the project, grant applications and funding opportunities, training programmes and research internships, dissemination of results (publications and conference presentations), patent applications:

Year of education/academic year	Planned research tasks for implementation (please enumerate)	Expected outcome
I 24/25	1. 2. 3.	
II 25/26	4. 5. 6. 7.	
III 26/27	8.	
IV 27/28		
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Date and PhD student's signature

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Signature of the supervisor(s)

Opinion of the auxiliary supervisor (if appointed) on the submitted IRP - *as an attachment*

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Opinion of the auxiliary supervisor

I accept/ I do not accept the IRP*.

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Date and signature of DSMHS Director

*Delete where not applicable